



**NATIONAL GUARD BUREAU**  
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ARNG-HRH

13 December 2010

**MEMORANDUM FOR MILPOs**

**SUBJECT:** The Army National Guard Medical Management Processing System (MMPS) and Medical Management Activity (MMA) (ARNG-HRH Policy Memorandum #10-051)

**1. References:**

- a. AR 40-501, Standards of Medical Fitness, 14 Dec 07.
- b. Memorandum, NGB-ARH, subject: Operationalizing the RC Personnel Policy Initiative #1: Clarification of Enlisted Promotion System Procedures for Units in Receipt of Official Notification of Sourcing for a Federal Mission (NGB-ARH Policy Memo #10-029), 12 May 10.
- c. Memorandum, ARNG-HRH, subject: Operationalizing the RC Personnel Policy Initiative #3, Consolidated Temporary TDA Policy (PPOM #10-074), 13 Dec 10.

**2. Purpose.** This policy outlines the ARNG MMPS and the ARNG MMA. The purpose of this policy is twofold. First, the policy ensures that medically non-available Soldiers receive support, monitoring, and management to facilitate medical recovery. Second, the policy provides a means to increase readiness by creating position vacancies in deployable units for available Soldiers.

**3. Applicability.** This policy applies to ARNG enlisted, warrant officers, and commissioned officers serving in a Title 32 or Title 10 status, exclusive of the Title 10 AGR force.

**4. Concept.** The intent is for each State Adjutant General to establish a MMPS and the MMA that focuses additional resources towards assisting medically non-available Soldiers with achieving a timely resolution of their medical condition. The secondary benefit is to create a method for States to cross-level Soldiers available for deployment into positions encumbered by long-term medically non-available personnel. Soldiers with a Medical Readiness Class of 3B (MR3B) for nine months or greater are prime candidates for transfer into the MMA, however, actual assignments are determined by each State. The State G-1, State Surgeon, the Soldier's brigade-level commander, and a designated representative from the MMA will generally form the assessment team. Overall program responsibility and decision authority for MMA assignment or release

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from assignment ultimately resides with the State G-1. Soldiers selected for the MMA are assigned to vacant positions within the MMA host command or to a dedicated TDA paragraph number within the State Joint Force Headquarters (JFHQ) via the Temporary TDA process. States also maintain the flexibility to attach Soldiers back to the losing unit if the State G-1 determines this is the best course of action (e.g.: Soldiers geographically dispersed from the MMA).

5. Execution:

a. MMPS.

(1) MMPS Administrative Oversight Only: These Soldiers remain assigned to and under the control of their parent units and will continue to encumber positions in their parent units. Involvement with these Soldiers will be limited to monitoring and facilitating the Soldiers' medical care and administration of their cases. States will enter the following code in the local data field in the Soldier's SIDPERS record: 999M.

(2) Soldiers Under Care Management: States must adhere to the Temporary TDA policy in reference 1c. Submit Temporary TDA requests to ARNG-HRH IAW reference 1d for the following grades: E7-E9, W3-W5, O4-O6. States may approve and manage requests for medically non-available Soldiers in the following grades: E1-E6, W1-W2, O1-O3. This will allow a unit to backfill the position previously occupied by the Soldier. States will enter the code 999M in the local data field in the Soldier's SIDPERS record and carry the Soldier in paragraph 998H.

b. MMA. The MMA will consist of two elements: A cadre cell responsible for administration of the program in the State, and the MMA main body, consisting of the Soldiers undergoing evaluation or treatment being managed by the MMA.

(1) Cadre Cell: Each State will designate one of its existing TDA organizations as the host command for the MMA. The host command will provide the MMA with all necessary administrative supervision, assistance, and support. The State will assign sufficient personnel to the MMA as necessary to accomplish its functions. To facilitate this, ARNG-HRH may, on a case-by-case basis, authorize up to three Temporary TDA positions per State. States should request such Temporary TDA positions IAW the provisions of reference 1c. The Temporary TDA paragraph for cadre is 998P.

(2) MMA Main Body: The main body shall consist of all Soldiers with ongoing medical treatment or evaluation being monitored or administered by the MMA. The

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command and administrative relationship between these Soldiers and the MMA will be organized in one of the following ways:

(a) Soldier assigned to a valid and vacant position in the MMA's host command. This frees the position previously occupied in the Soldier's home unit but encumbers a corresponding position in the MMA host unit. States will enter the following code in the local data field in the Soldier's SIDPERS record: 999M.

(b) Soldier assigned in a Temporary TDA position IAW reference 1c. Submit Temporary TDA request for to ARNG HRH IAW reference 1d for the following grades: E7-E9, W3-W5, O4-O6. States may approve and manage requests for medically non-available Soldiers in the following grades: E1-E6, W1-W2, O1-O3. This frees the position previously occupied in the Soldier's home unit without encumbering a corresponding position in the MMA. States will enter the code 999M in the local data field in the Soldier's SIDPERS record and carry the Soldier in paragraph 998H.

6. Promotions. All Soldiers remain eligible for promotion consideration, potential selection, assignment, and acceptance of promotion to a valid vacancy in a higher graded position. Consistent with reference 1b, Soldiers determined non-available may be bypassed on promotion lists for positions in units with a notification of sourcing. Bypassed Soldiers are not removed from the promotion list because of medical non-availability and they can be promoted in other MTOE or TDA units.

7. Incentives. The MMA is rehabilitative—not punitive—and as such, assignment to the MMA shall not result in the termination or disallowance of any incentives a Soldier would otherwise receive as applicable to termination and recoupment rules within current Selected Reserve Incentive Policies.

8. Non-compliance. Attending medical appointments, complying with the treatment plan, and following unit instructions are key aspects of medical care, care management and rehabilitation. Soldier non-compliance is not in the best interest of the ARNG and therefore subject to the application of appropriate corrective measures. Methods of addressing Soldier non-compliance include but are not limited to: counseling, reprimand, bar to reenlistment, and punishment under a State Code of Military Justice, the Uniform Code of Military Justice, or administrative separation.

9. Additional instructions. A detailed process map is available via the ARNG G1 Personnel Gateway at <https://g1arng.army.pentagon.mil/Pages/welcome.aspx>. The Office of the Chief Surgeon, ARNG, and the ARNG G-1 Personnel Division developed

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program specific MMPS/MMA implementation guidance and copies of these documents are provided as enclosures.

10. The point of contact for this policy is COL Dennis P. Chapman, Chief, Personnel Policy Division, DSN 327-5904, 703-607-5904, or [dennis.chapman@us.army.mil](mailto:dennis.chapman@us.army.mil).

2 Encls

1. MMPS, CSG, 13 Dec 10
2. MMPS, HRP, 13 Dec 10

  
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## Enclosure 1 - CSG

### Medical Management Processing System (MMPS)

#### 1. Process:

a. The Soldier is identified with a medically non-available issue through SRP, PHA, PDHRA or Soldier self-report. The MRNCO is informed and will collect data and information of what care the service member (SM) has had up to that point (if any).

b. The MRNCO will assist the SM in any of a number of tasks to include, but not limited to obtaining a DA Form 2793 (LOD), a temporary profile, assisting in establishing an initial provider appointment, and collecting any pertinent medical records to forward to the Office of the State Surgeon.

c. Should the SM require more in-depth or continual health care that extends beyond 90 days from the identification of the issue(s) by the MRNCO, the MRNCO will collaborate with the SM's medical information State Case Management team. The MRNCO will continue to provide the Command with a monthly report of all MR3B soldiers (those identified as requiring medical care beyond 30 days) within that BN for the entire timeframe that the SM's are considered medically non-deployable.

d. The CM evaluates the case and assigns it to a state Care Coordinator (CC).

(1) Case Managers (CMs) are Registered Nurses (RNs), Licensed Social Workers, or other health care providers who have graduated from an accredited school with a minimum of a bachelor's degree in a health care field.

(2) Care coordinators are the civilian equivalent of a medical NCO with basic health care training. These include EMT's, Paramedics, medical assistants, and other allied health care personnel. Under the Care Coordinator (CC), the injured soldier will continue their healthcare process in collaboration with the CM as directed. Care Coordinators assist Soldiers with tracking medical and dental appointments, assuring attendance, maintaining communication as required with the Soldiers, and continue to update/collect current medical records.

(3) All cases, regardless of type or duration, must be documented in the e-Profile Module of the Medical Operational Data System (MODS). The CC will continue to communicate with the MRNCO for unit continuity and command/control. It is important to remember that the Soldier is still assigned to their organic unit during this time.

e. The CM will continue to provide consultation and work in an advisory capacity with the CC to assist the soldier in assessing their current and future needs, reviewing and re-establishing their comprehensive plan of care, obtaining the required treatment and evaluations to progress toward a final outcome. The CM team will facilitate case

meetings up to or at a maximum of three, six, nine, and/or twelve months with required personnel ensuring that the SMs profile has been amended appropriately and the SM has been evaluated for entrance into the Medical Management Activity (depending on the timeline to reach the Medical Retention Decision Point (MRDP)). The CM sets up the case meeting, which will include the Unit Commander, CM, and the G1, and military health provider from the Office of the State Surgeon. The CC/CM will continue to follow the SM from a case management standpoint even if he/she is assigned to the Medical Management Activity.

f. If the MRNCO communicates with a CC or CM and they decide that a SM needs to be assigned *directly* into the MMA based upon his presentation or diagnosis, they can facilitate this rapid processing based on communication with all required personnel including the CM, the gaining and losing Commander, the G1 and a military provider from the Office of the State Surgeon (i.e. the decision is based on an assumption of what time will be required for SM to reach MRDP.).

## 2. Command and Control:

a. This processing system would retain medically non-deployable soldiers within their organic unit for a maximum of 9 months before they would be transferred to that State's Medical Management Activity (MMA). This transfer can happen at any time during the treatment process, and does not affect the SM's medical progress towards a MRDP.

b. The longest time that a medically non-deployable SM would be in the MMPS to obtain a permanent profile would be a total of 12 months (18 months by exception). The SM will remain in the Medical Management Activity (MMA) until they reach a final disposition.

## 3. State Medical Personnel Requirements:

- a. A BN Medical Readiness NCO
- b. State Care Coordinator
- c. Case Managers
- d. State Medical Management Activity (this is provides the ability for SMs to be removed from their unit's paragraph and line number so that the unit may backfill their positions. The unit will still be responsible for C2 of the SM while he/she is in the MMPS).

## 4. The POCs for this enclosure are:

- a. MAJ Angela Braithwood at DSN 327-9531, 703-607-9531, or [anglea.braithwood@us.army.mil](mailto:anglea.braithwood@us.army.mil).

b. CPT Laurie Fontaine at DSN 327-9534, 703-607-9534, or [laurie.fontaine@us.army.mil](mailto:laurie.fontaine@us.army.mil).

## Enclosure 2 - HRP

### Medical Management Processing System (MMPS)

1. General. This enclosure establishes guidance for the individual responsibilities of all parties involved in the Medical Management Processing System (MMPS) and for the Soldiers attached to the ARNG Medical Management Activity (MMA).

a. State G-1 Responsibilities:

- (1) Publish policies and procedures related to Medical Management Processing.
- (2) Ensure Medical Management Processing is accurate and timely.
- (3) Has overall responsibility for the Medical Management Processing System.

b. State Surgeon Responsibilities:

(1) Ensure medical standards of fitness are properly annotated on DA Form 3349 and are accurate.

- (2) Enforces AR 40-501.
- (3) Provide oversight to the case management team.
- (4) Participate or designate participant in case meeting.

c. Unit Commander Responsibilities:

(1) Become thoroughly familiar with the purpose of the State Medical Management Processing System.

(2) Ensure prompt action is taken to initiate and complete the Line of Duty.

(3) Ensure identified Soldiers keep their participation within the limits of any profiles.

(4) Ensure Soldier has an escort to medical appointments as needed.

(5) Maintain appropriate C2 authority of the Soldier.



(6) Ensure transfer of the Soldier to the Medical Management Activity is completed within State identified timeline.

(7) Counsel Soldier and their responsibilities while performing MMPS.

(8) Ensure Soldier is in duty status while attending medical appointments, when appropriate.

d. BN MRNCO Responsibilities:

(1) Monitor Line of Duty and temporary profiles.

(2) Coordinate and collaborate with the Case Management Team and unit chain of command to execute Medical Development Action plan and ensure all electronic database systems are updated.

(3) Briefs medical readiness and availability to the commander(s).

e. Care Coordinators Responsibilities:

(1) Assist the Soldiers with tracking medical and dental appointments and assuring attendance. Schedule appointments, at the nearest MTF, or assist the Soldier in scheduling an appointment as needed.

(2) Enter data into the appropriate data system, as required by ARNG, MEDCOM, and/or OTSG.

(3) Maintain constant communication with the MRNCO and Soldiers and collect medical record documentation.

f. Case Managers Responsibilities:

(1) Assist the MRNCO and Soldiers in assessing their current and future needs.

a. Perform a comprehensive needs assessment at initial contact.

b. Provide all contact information for him/her and the CM office.

c. Obtain all Soldier and family contact information, and obtain all provider contacts that the Soldier may have already established.

(2) Review and/or establish a comprehensive care plan and communicate to the MRNCO for the Soldier.

(3) Ensures the Unit assists the Soldier to obtain the required treatment and evaluations for progression toward a final outcome.

a. Ensures the Soldier attends all scheduled and required appointments.

b. Works with the Soldier, MRNCO, and Health Care Providers to obtain copies of pertinent medical records.

c. Communicate with the Soldier, MRNCO, and/or family to ensure the Soldier is following the established plan of care.

d. Enter data into the appropriate data system, as required by ARNG, MEDCOM, and/or OTSG.

(4) Set-up case meetings with the unit command, State Surgeon, State G1 or representative, and appropriate stakeholder, as needed.

g. Soldiers Responsibilities:

(1) Obtain and provide copies of all appropriate medical documentation.

(2) Report for any medical appointments and inform appropriate chain of command of all medical appointments.

(3) Maintain Army Physical Fitness Training regimen within the limitation of the profile in accordance with TC 3-22-20 (FM 21-20) and maintain the height and weight standard in accordance with AR 600-9.

(4) Perform duties within the limitation of the profile.

(5) Wear the appropriate duty uniform as directed.

(6) Confirm transportation arrangements with their Chain of Command to and from their duty location and medical appointments.

(7) The Soldier is subject to a State CMJ or the UCMJ action and applicable laws and regulations that govern conduct, performance, responsibilities and

obligations. Failure to comply with the standards of the Commander to which he/she are attached could result in disciplinary action.

2. The POC for this enclosure is Mr. Eric Scott at DSN 327-9108, 703-607-9108, or [eric.scott1@us.army.mil](mailto:eric.scott1@us.army.mil).